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State/Territory Name: South Carolina

State Plan Amendment (SPA) #: 21-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

## DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 4, 2021

Robert M. Kerr Director South Carolina Department of Health and Human Services Post Office Box 8206 Columbia, SC 29202-8206

Re: South Carolina State Plan Amendment 21-0009

Dear Mr. Kerr:

We reviewed your proposed Medicaid State Plan Amendment, SC 21-0009, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on May 25, 2021. This amendment updates the name of the designee that is authorized to submit state plan amendments for the South Carolina Department of Health and Human Services.

Based upon the information provided by the State, we have approved the amendment with an effective date of April 20, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any questions regarding this amendment, please contact William Pak at (404) 562-7407 or via email at William.Pak@cms.hhs.gov.

Sincerely,

James G. Scott, Director

Division of Program Operations

Medicaid and CHIP Operations Group

G. Scott -S Date: 2021.06.04

SOCIAL SECURITY ACT (MEDICAID)  TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES  5. TYPE OF PLAN MATERIAL (Check One):  NEW STATE PLAN OMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)  6. FEDERAL STATUTEREGULATION CITATION: 42 CFR 430.12 (b) (2) (i)  7. FEDERAL BUDGET IMPACT: a. FFY 2021 S0 b. FFY 2022 S0  8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Dissible Index page 89  8. Basic Index page 89  8. Basic Index page 89  8. Basic Index page 89  10. SUBJECT OF AMENDMENT: This plan amendment updates the name of the designee to submit State Plan Amendments (SPAs) for the state of South Carolina.  11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE REPORTED NO COMMENT ROBERT M. Kerr SOUTH RECEIVED WITHIN 45 DAYS OF SUBMITTAL  12. SUBNATURE OF STATE AGENCY OFFICIAL: 13. TYPED NAME: Robert M. Kerr 14. TITLE: Director 15. DATE SUBMITTED: May 25, 2021 FOR REGIONAL OFFICE USE ONLY  17. DATE RECEIVED: PLAN APPROVED - ONE COPY ATTACHED  19. EFFECTIVE DATE OF APPROVED MATERIAL: April 20, 2021  PLAN APPROVED - ONE COPY ATTACHED  20. SIGNATURE OF REGIONAL OFFICIAL:  Comments of Regional OFFICIAL:  PLAN APPROVED - ONE COPY ATTACHED  20. SIGNATURE OF REGIONAL OFFICIAL:  Comments of Regional OFFICIAL:  PLAN APPROVED - ONE COPY ATTACHED  20. SIGNATURE OF REGIONAL OFFICIAL:  Comments of Regional OFFICIAL:  PLAN APPROVED - ONE COPY ATTACHED  20. SIGNATURE OF REGIONAL OFFICIAL:  Comments of Regional OFFICIAL:  PLAN APPROVED - ONE COPY ATTACHED  20. SIGNATURE OF REGIONAL OFFICIAL:  Comments of Regio	DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-019
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Revision:	HCFA-PM-91-4 August 1991	(BPD) OMB NO. 0938-
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	State/Territo	ry: South Carolina
<u>C</u> itation	(s) 7.4	State Governor's Review
42 CFR 430	.12 (b)	The Medicaid agency will provide opportunity for the office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget and fiscal reports. Any comments made will be transmitted to the Centers for Medicare and Medicaid Services with such documents.
		Not applicable. The Governor
		∑ Does not wish to review any plan material.
		Wishes to review only the plan materials specified in the enclosed document.
I hereby c	ertify that I	am authorized to submit these plans on behalf of
South Caro	lina Departmen	nt of Health and Human Services
		(Designated Single State Agency)
Date:	April 20, 2021	
		QM Ken
		(Signature)
		Director
		(Title)

TN No.: SC 21-0009
Supersedes
TN No.: SC 21-0001

Approval Date: 06/03/21

Effective Date: 04/20/21